

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND	6	1		1		1
TOTAL DEP						
TOTAL CLAIMS	6	1		1		1

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	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND		1		1		1
TOTAL DEP						
TOTAL CLAIMS		1		1		1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY